

## Exhibit “C”

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*Attorneys for Plaintiffs & the Putative Class*

**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF CALIFORNIA**

LD, DB, BW, RH and CJ, on behalf of  
themselves and all others similarly situated,

Plaintiffs,

v.

UNITED BEHAVIORAL HEALTH, a  
California Corporation, UNITED  
HEALTHCARE INSURANCE COMPANY, a  
Connecticut Corporation, and MULTIPLAN,  
INC., a New York corporation,

Defendants.

Case No. 4:20-cv-02254-YGR

Hon. Yvonne Gonzalez Rogers

**PLAINTIFFS' SIXTH REQUEST TO  
PRODUCE TO UNITED DEFENDANTS**

1 Plaintiffs, LD *et al.*, by and through their undersigned counsel, pursuant to Rule 26 and  
2 34 of the Federal Rules of Civil Procedure, the Local Rules of this Court and all applicable  
3 standing orders, in the time and manner prescribed by the aforementioned rules, hereby  
4 propound the following Sixth Requests for Production of Documents upon Defendants, United  
5 Behavioral Health and UnitedHealthcare Insurance Company (collectively “United”), to produce  
6 the documents requested below for inspection and copying at the offices of DL LAW GROUP,  
7 345 Franklin Street, San Francisco, CA 94102, in accordance with the Definitions and  
8 Instructions set forth hereinafter.

### 9 **Definitions**

10 Each word or term used in these Requests to Produce (“requests”) is intended to have the  
11 broadest meaning permitted under the Federal Rules of Civil Procedure. Furthermore, these  
12 Requests shall be interpreted by reference to the Definitions set forth below.

- 13 1 The term “Defendants” shall mean Defendant United Behavioral Health,  
14 Defendant UnitedHealthcare Insurance Company, and Defendant MultiPlan, Inc.
- 15 2 The term “you”, “your”, and/or “United” shall mean collectively Defendants  
16 United Behavioral Health, UnitedHealthcare Insurance Company, their domestic  
17 and foreign parents, predecessors, divisions, subsidiaries, affiliates, partnerships  
18 and joint ventures, and all directors, officers, employees, agents and  
19 representatives of the foregoing. The terms “subsidiary,” “affiliate” and “joint  
20 venture” refer to any person in which there is partial (25 percent or more) or total  
21 ownership or control between any Defendant and any other person.
- 22 3 The term “person” shall mean any natural person, partnership, corporation, or  
23 other legal entity.
- 24 4 The term “relating to” means in whole or in part constituting, containing,  
25 concerning, discussing, describing, analyzing, identifying, or stating.
- 26 5 The terms “and” and “or” have both conjunctive and disjunctive meanings.
- 27 6 The terms “communication” or “communications” shall mean the oral or written  
28 transmittal of information in the form of facts, ideas, inquiries, or otherwise and

evidence thereof, no matter how that information is stored, memorialized, or fixed. These terms also include, without limitation, any summaries, reviews, reports, notes, logs, records, journals, minutes, or outlines regarding or memorializing the transmittal of information.

7 The term “document(s)” refers to all writings of any kind, including the originals and all non-identical copies, whether different from the original by reason of any notation made on such copies or otherwise, including without limitation correspondence; memoranda; notes; diaries; statistics; letters; materials; invoices; orders; directives; interviews; telegrams; minutes; reports; studies; statements; transcripts; summaries; pamphlets; books; interoffice and intra-office communications, notations of any sort of conversations, telephone calls, meetings or other communications; bulletins; printed matter; teletype; telefax; worksheets; and all drafts, alterations, modifications, changes and amendments of any of the foregoing; graphic or aural recordings or representations of any kind, including without limitation, photographs, charts, graphs, microfiche, microfilm, videotape, records, motion pictures; and electronic, mechanical, or electrical recordings or representations of any kind, including without limitation, tapes, cassettes, cartridges, discs, chips, and records.

8 The term “each” shall mean each and every; “every” means each and every.

9 The term “including” shall mean including, but not limited to.

10 The terms “regarding” and/or “concerning” shall mean, relating to, referring to, pertaining to, describing, evidencing, and/or constituting.

11 “Verification of Benefits” and “VOB” shall refer to the verification of member benefits conducted by the member, member’s treating provider, or any agent or authorized representatives acting on the aforementioned behalves, for the purpose of verifying the member’s benefits, as well as any prior authorization and utilization review requirements, prior to the member receiving treatment.

1 12 “Prior authorization” shall refer to the process by which prior approval for  
2 treatment is obtained from United or its agents for those procedures and  
3 treatments that require prior approval from United or its agents prior to the  
4 member receiving treatment.

5 13 “Utilization review” shall refer to process communications between a provider  
6 and United pertaining to the continuing treatment of a member.

7 14 “Administrative Services Agreement” shall refer to the agreement, including all  
8 amendments thereto, between United, including affiliated and associated entities,  
9 and a customer to provide administrative and other services in connection with  
10 that customer’s self-funded employee benefit(s) plan.

11 15 “Administrative record” shall refer to all materials considered with regard to  
12 Defendants’ claim determinations including all claims policies, procedures, and  
13 guidelines; evidence of safeguards it uses to ensure fair, accurate, and consistent  
14 claims handling; and anything else that is “relevant” to the claims determination  
15 consistent with the regulations set forth at 29 C.F.R. § 2560.503-1. Under 29  
16 C.F.R. § 2560.503-1(m)(8), a document, record, or other information is “relevant  
17 to a claim for benefits” if it:

18 (i) Was relied upon in making the benefit determination;

19 (ii) Was submitted, considered, or generated in the course of making the benefit  
20 determination, without regard to whether such document, record, or other  
21 information was relied upon in making the benefit determination;

22 (iii) Demonstrates compliance with the administrative processes and safeguards  
23 required pursuant to paragraph (b)(5) of this section in making the benefit  
24 determination; or

25 (iv) In the case of a group health plan . . . constitutes a statement of policy or  
26 guidance with respect to the plan concerning the denied treatment option or  
27 benefit for the claimant’s diagnosis, without regard to whether such advice or  
28 statement was relied upon in making the benefit determination.

1 **Instructions**

2 In responding to these document requests, you are required to furnish all information that  
3 is available to you or subject to your reasonable inquiry, including information in the possession  
4 of your attorneys, accountants, contractors, consultants, advisors or other persons directly or  
5 indirectly employed by, or connected with, you or your attorneys, and anyone else otherwise  
6 subject to your control, as well as information referenced, reviewed and/or relied upon by you  
7 and/or your respective counsel.

8 In responding to these document requests, you must make a diligent search of your  
9 records and of other papers and materials in your possession or available to you or your  
10 representatives.

11 If a document request has subparts, respond to each part separately and to the fullest  
12 extent possible. Do not limit your response to the document request as a whole.

13 If you cannot respond to a document request or a subpart thereof fully, then respond to  
14 the extent possible. Identify the portion to which you cannot respond; state the reason for your  
15 inability to respond to it; and provide whatever materials you possess regarding that portion.

16 If you object to a document request or any portion thereof on the grounds of any  
17 privilege, then please provide a privilege log as required by Rule 26(b)(5) of the Federal Rules of  
18 Civil Procedure and consistent with the orders for Discovery.

19 If any document requested herein has been lost, discarded, or destroyed, then describe it  
20 separately, stating: (1) the date of its disposal or destruction; (2) the manner of its disposal or  
21 destruction; (3) all persons having knowledge of its disposal or destruction; (4) the persons  
22 authorizing its disposal or destruction; and (5) the persons disposing or destroying it.

23 If you contend that Plaintiffs are already in possession of documents responsive to the  
24 Requests contained herein, then for each Request (for which you contend that Plaintiffs are  
25 already in possession of responsive documents) you should identify the relevant Bates or  
26 reference number (or range of numbers) that corresponds and is responsive to the respective  
27 Request for Production (and each corresponding subpart or subsection of the Request for  
28 Production, as applicable).

1 Unless otherwise specified, the time period encompassed by each Request for Production  
2 is the same as the time period relevant to the allegations in the Complaint.

3 These requests are continuing in nature. These requests therefore require further and  
4 supplemental production of any additional documents, writings or objects originating or falling  
5 within the scope of these requests between the date of initial production and the conclusion of  
6 this litigation.

1 **REQUESTS**

2 **REQUEST 1.** The complete Administrative Record for the member claim with  
3 CLAIM\_ID 795249968901, consisting of all documents, records, and other information relevant  
4 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00831138754 for  
5 treatment at SUMMIT ESTATE RECOVERY CENTER. This request specifically includes, but  
6 is not limited to:

7 1. A copy of the entire claim file, which includes, but is not limited to:

8 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
9 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
10 providers (including provider remittance advices), correspondence with plan member (including  
11 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
12 and communications with any third party including Multiplan regarding the pricing of the  
13 claims;

14 b. all medical records, paper and electronic, including, but not limited to, records of  
15 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
16 medications lists, prognosis, third party records, any correspondence with the claimant, third  
17 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
18 professionals involved in determining claim eligibility, and any other claimant documents.

19 2. The applicable health plan and related documents, including the official plan  
20 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
21 during the period from 07/29/19 to 07/29/19.

22 3. Any statements of policy of guidance or Claims manuals of APPLE INC.; the  
23 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
24 Administrator; or any of their affiliates with respect to the member's. These documents are  
25 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

26 4. Documents sufficient to show the date on which the actual contents of the policy  
27 coverage and/or the Summary Plan Description were made available to plan participants;  
28



1           5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
2 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
3 Plan Administrator;

4           6. Documents sufficient to show the name and address of the registered agent for service  
5 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

6           7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
7 claims.

8  
9           **REQUEST 2.** The complete Administrative Record for the member claim with  
10 CLAIM\_ID 793057983401, consisting of all documents, records, and other information relevant  
11 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00919776590 for  
12 treatment at SUMMIT ESTATE RECOVERY CENTER. This request specifically includes, but  
13 is not limited to:

14           1. A copy of the entire claim file, which includes, but is not limited to:

15           a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
16 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
17 providers (including provider remittance advices), correspondence with plan member (including  
18 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
19 and communications with any third party including Multiplan regarding the pricing of the  
20 claims;

21           b. all medical records, paper and electronic, including, but not limited to, records of  
22 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
23 medications lists, prognosis, third party records, any correspondence with the claimant, third  
24 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
25 professionals involved in determining claim eligibility, and any other claimant documents.

26           2. The applicable health plan and related documents, including the official plan  
27 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
28 during the period from 07/01/19 to 07/01/19.

1 3. Any statements of policy of guidance or Claims manuals of APPLE INC.; the  
2 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
3 Administrator; or any of their affiliates with respect to the member's. These documents are  
4 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

5 4. Documents sufficient to show the date on which the actual contents of the policy  
6 coverage and/or the Summary Plan Description were made available to plan participants;

7 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
8 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
9 Plan Administrator;

10 6. Documents sufficient to show the name and address of the registered agent for service  
11 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

12 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
13 claims.

14  
15 **REQUEST 3.** The complete Administrative Record for the member claim with  
16 CLAIM\_ID 793057985301, consisting of all documents, records, and other information relevant  
17 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00903573655 for  
18 treatment at SUMMIT ESTATE RECOVERY CENTER. This request specifically includes, but  
19 is not limited to:

20 1. A copy of the entire claim file, which includes, but is not limited to:

21 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
22 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
23 providers (including provider remittance advices), correspondence with plan member (including  
24 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
25 and communications with any third party including Multiplan regarding the pricing of the  
26 claims;

27 b. all medical records, paper and electronic, including, but not limited to, records of  
28 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,

1 medications lists, prognosis, third party records, any correspondence with the claimant, third  
2 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
3 professionals involved in determining claim eligibility, and any other claimant documents.

4 2. The applicable health plan and related documents, including the official plan  
5 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
6 during the period from 07/08/19 to 07/08/19.

7 3. Any statements of policy of guidance or Claims manuals of APPLE INC.; the  
8 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
9 Administrator; or any of their affiliates with respect to the member's. These documents are  
10 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

11 4. Documents sufficient to show the date on which the actual contents of the policy  
12 coverage and/or the Summary Plan Description were made available to plan participants;

13 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
14 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
15 Plan Administrator;

16 6. Documents sufficient to show the name and address of the registered agent for service  
17 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

18 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
19 claims.

20  
21 **REQUEST 4.** The complete Administrative Record for the member claim with  
22 CLAIM\_ID 749902899601, consisting of all documents, records, and other information relevant  
23 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00952777284 for  
24 treatment at SUMMIT ESTATE RECOVERY CENTER. This request specifically includes, but  
25 is not limited to:

26 1. A copy of the entire claim file, which includes, but is not limited to:  
27 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
28 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare

1 providers (including provider remittance advices), correspondence with plan member (including  
2 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
3 and communications with any third party including Multiplan regarding the pricing of the  
4 claims;

5 b. all medical records, paper and electronic, including, but not limited to, records of  
6 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
7 medications lists, prognosis, third party records, any correspondence with the claimant, third  
8 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
9 professionals involved in determining claim eligibility, and any other claimant documents.

10 2. The applicable health plan and related documents, including the official plan  
11 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
12 during the period from 11/26/18 to 11/26/18.

13 3. Any statements of policy of guidance or Claims manuals of APPLE INC.; the  
14 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
15 Administrator; or any of their affiliates with respect to the member's. These documents are  
16 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

17 4. Documents sufficient to show the date on which the actual contents of the policy  
18 coverage and/or the Summary Plan Description were made available to plan participants;

19 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
20 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
21 Plan Administrator;

22 6. Documents sufficient to show the name and address of the registered agent for service  
23 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

24 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
25 claims.

26  
27 **REQUEST 5.** The complete Administrative Record for the member claim with  
28 CLAIM\_ID 774722115901, consisting of all documents, records, and other information relevant

1 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00907326522 for  
2 treatment at SUMMIT ESTATE RECOVERY CENTER. This request specifically includes, but  
3 is not limited to:

4 1. A copy of the entire claim file, which includes, but is not limited to:

5 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
6 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
7 providers (including provider remittance advices), correspondence with plan member (including  
8 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
9 and communications with any third party including Multiplan regarding the pricing of the  
10 claims;

11 b. all medical records, paper and electronic, including, but not limited to, records of  
12 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
13 medications lists, prognosis, third party records, any correspondence with the claimant, third  
14 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
15 professionals involved in determining claim eligibility, and any other claimant documents.

16 2. The applicable health plan and related documents, including the official plan  
17 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
18 during the period from 04/08/19 to 04/08/19.

19 3. Any statements of policy of guidance or Claims manuals of TESLA; the Defendants  
20 (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
21 Administrator; or any of their affiliates with respect to the member's. These documents are  
22 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

23 4. Documents sufficient to show the date on which the actual contents of the policy  
24 coverage and/or the Summary Plan Description were made available to plan participants;

25 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
26 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
27 Plan Administrator;

1           6. Documents sufficient to show the name and address of the registered agent for service  
2 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

3           7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
4 claims.

5  
6           **REQUEST 6.** The complete Administrative Record for the member claim with  
7 CLAIM\_ID CA6270678601, consisting of all documents, records, and other information  
8 relevant to the claim for treatment of the United's member with MEMBER\_ALT\_ID  
9 00843696068 for treatment at HIGH WATCH RECOVERY CENTER INC. This request  
10 specifically includes, but is not limited to:

11           1. A copy of the entire claim file, which includes, but is not limited to:

12           a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
13 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
14 providers (including provider remittance advices), correspondence with plan member (including  
15 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
16 and communications with any third party including Multiplan regarding the pricing of the  
17 claims;

18           b. all medical records, paper and electronic, including, but not limited to, records of  
19 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
20 medications lists, prognosis, third party records, any correspondence with the claimant, third  
21 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
22 professionals involved in determining claim eligibility, and any other claimant documents.

23           2. The applicable health plan and related documents, including the official plan  
24 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
25 during the period from 04/02/20 to 04/07/20.

26           3. Any statements of policy of guidance or Claims manuals of GENERAL DYNAMICS;  
27 the Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the  
28

1 Plan Administrator; or any of their affiliates with respect to the member's. These documents are  
2 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

3 4. Documents sufficient to show the date on which the actual contents of the policy  
4 coverage and/or the Summary Plan Description were made available to plan participants;

5 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
6 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
7 Plan Administrator;

8 6. Documents sufficient to show the name and address of the registered agent for service  
9 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

10 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
11 claims.

12  
13 **REQUEST 7.** The complete Administrative Record for the member claim with  
14 CLAIM\_ID CY2407231801, consisting of all documents, records, and other information  
15 relevant to the claim for treatment of the United's member with MEMBER\_ALT\_ID  
16 00955375640 for treatment at HIGH WATCH RECOVERY CENTER INC. This request  
17 specifically includes, but is not limited to:

18 1. A copy of the entire claim file, which includes, but is not limited to:

19 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
20 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
21 providers (including provider remittance advices), correspondence with plan member (including  
22 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
23 and communications with any third party including Multiplan regarding the pricing of the  
24 claims;

25 b. all medical records, paper and electronic, including, but not limited to, records of  
26 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
27 medications lists, prognosis, third party records, any correspondence with the claimant, third  
28

1 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
2 professionals involved in determining claim eligibility, and any other claimant documents.

3 2. The applicable health plan and related documents, including the official plan  
4 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
5 during the period from 09/23/21 to 09/27/21.

6 3. Any statements of policy of guidance or Claims manuals of GENERAL DYNAMICS;  
7 the Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the  
8 Plan Administrator; or any of their affiliates with respect to the member's. These documents are  
9 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

10 4. Documents sufficient to show the date on which the actual contents of the policy  
11 coverage and/or the Summary Plan Description were made available to plan participants;

12 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
13 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
14 Plan Administrator;

15 6. Documents sufficient to show the name and address of the registered agent for service  
16 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

17 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
18 claims.

19  
20 **REQUEST 8.** The complete Administrative Record for the member claim with  
21 CLAIM\_ID 747910143001, consisting of of all documents, records, and other information  
22 relevant to the claim for treatment of the United's member with MEMBER\_ALT\_ID  
23 00960679481 for treatment at BRIDGING THE GAPS. This request specifically includes, but is  
24 not limited to:

25 1. A copy of the entire claim file, which includes, but is not limited to:  
26 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
27 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
28 providers (including provider remittance advices), correspondence with plan member (including



1 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
2 and communications with any third party including Multiplan regarding the pricing of the  
3 claims;

4 b. all medical records, paper and electronic, including, but not limited to, records of  
5 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
6 medications lists, prognosis, third party records, any correspondence with the claimant, third  
7 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
8 professionals involved in determining claim eligibility, and any other claimant documents.

9 2. The applicable health plan and related documents, including the official plan  
10 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
11 during the period from 11/08/18 to 11/09/18.

12 3. Any statements of policy of guidance or Claims manuals of APPLE INC.; the  
13 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
14 Administrator; or any of their affiliates with respect to the member's. These documents are  
15 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

16 4. Documents sufficient to show the date on which the actual contents of the policy  
17 coverage and/or the Summary Plan Description were made available to plan participants;

18 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
19 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
20 Plan Administrator;

21 6. Documents sufficient to show the name and address of the registered agent for service  
22 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

23 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
24 claims.

25  
26 **REQUEST 9.** The complete Administrative Record for the member claim with  
27 CLAIM\_ID 666642653101, consisting of all documents, records, and other information relevant  
28

1 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00939384471 for  
2 treatment at BRIDGING THE GAPS. This request specifically includes, but is not limited to:

3 1. A copy of the entire claim file, which includes, but is not limited to:

4 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
5 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
6 providers (including provider remittance advices), correspondence with plan member (including  
7 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
8 and communications with any third party including Multiplan regarding the pricing of the  
9 claims;

10 b. all medical records, paper and electronic, including, but not limited to, records of  
11 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
12 medications lists, prognosis, third party records, any correspondence with the claimant, third  
13 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
14 professionals involved in determining claim eligibility, and any other claimant documents.

15 2. The applicable health plan and related documents, including the official plan  
16 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
17 during the period from 07/31/17 to 08/04/17.

18 3. Any statements of policy of guidance or Claims manuals of SAAB, INC.; the  
19 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
20 Administrator; or any of their affiliates with respect to the member's. These documents are  
21 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

22 4. Documents sufficient to show the date on which the actual contents of the policy  
23 coverage and/or the Summary Plan Description were made available to plan participants;

24 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
25 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
26 Plan Administrator;

27 6. Documents sufficient to show the name and address of the registered agent for service  
28 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

1 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
2 claims.

3 8. Any and all recordings of phone calls between You and the healthcare provider  
4 identified in this request, or its representatives, related to the member identified in this request.  
5 This request includes the verification/eligibility of benefits call and all subsequent utilization  
6 review, pre-certification or prior authorization calls, as well any other calls (such as claim  
7 dispute, appeal or inquiry calls), related to this member and the services they received from the  
8 healthcare provider in your possession.

9  
10 **REQUEST 10.** The complete Administrative Record for the member claim with  
11 CLAIM\_ID 744201493701, consisting of all documents, records, and other information relevant  
12 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00921842279 for  
13 treatment at PCI WEST LAKE CENTER. This request specifically includes, but is not limited  
14 to:

15 1. A copy of the entire claim file, which includes, but is not limited to:

16 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
17 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
18 providers (including provider remittance advices), correspondence with plan member (including  
19 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
20 and communications with any third party including Multiplan regarding the pricing of the  
21 claims;

22 b. all medical records, paper and electronic, including, but not limited to, records of  
23 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
24 medications lists, prognosis, third party records, any correspondence with the claimant, third  
25 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
26 professionals involved in determining claim eligibility, and any other claimant documents.

1           2. The applicable health plan and related documents, including the official plan  
2 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
3 during the period from 10/22/18 to 10/29/18.

4           3. Any statements of policy of guidance or Claims manuals of GEICO CORPORATION;  
5 the Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the  
6 Plan Administrator; or any of their affiliates with respect to the member's. These documents are  
7 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

8           4. Documents sufficient to show the date on which the actual contents of the policy  
9 coverage and/or the Summary Plan Description were made available to plan participants;

10          5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
11 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
12 Plan Administrator;

13          6. Documents sufficient to show the name and address of the registered agent for service  
14 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

15          7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
16 claims.

17  
18           **REQUEST 11.** The complete Administrative Record for the member claim with  
19 CLAIM\_ID 690601996701, consisting of all documents, records, and other information relevant  
20 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00913267265 for  
21 treatment at PCI WEST LAKE CENTER. This request specifically includes, but is not limited  
22 to:

23           1. A copy of the entire claim file, which includes, but is not limited to:  
24           a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
25 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
26 providers (including provider remittance advices), correspondence with plan member (including  
27 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
28 and communications with any third party including Multiplan regarding the pricing of the

1 claims;

2 b. all medical records, paper and electronic, including, but not limited to, records of  
3 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
4 medications lists, prognosis, third party records, any correspondence with the claimant, third  
5 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
6 professionals involved in determining claim eligibility, and any other claimant documents.

7 2. The applicable health plan and related documents, including the official plan  
8 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
9 during the period from 12/08/17 to 12/11/17.

10 3. Any statements of policy of guidance or Claims manuals of ORACLE, INC.; the  
11 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
12 Administrator; or any of their affiliates with respect to the member's. These documents are  
13 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

14 4. Documents sufficient to show the date on which the actual contents of the policy  
15 coverage and/or the Summary Plan Description were made available to plan participants;

16 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
17 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
18 Plan Administrator;

19 6. Documents sufficient to show the name and address of the registered agent for service  
20 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

21 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
22 claims.

23  
24 **REQUEST 12.** The complete Administrative Record for the member claim with  
25 CLAIM\_ID 624099128001, consisting of all documents, records, and other information relevant  
26 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00818711860 for  
27 treatment at DESERT COVE RECOVERY CENTER LLC. This request specifically includes,  
28 but is not limited to:

- 1           1. A copy of the entire claim file, which includes, but is not limited to:
  - 2           a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
3 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
4 providers (including provider remittance advices), correspondence with plan member (including  
5 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
6 and communications with any third party including Multiplan regarding the pricing of the  
7 claims;
  - 8           b. all medical records, paper and electronic, including, but not limited to, records of  
9 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
10 medications lists, prognosis, third party records, any correspondence with the claimant, third  
11 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
12 professionals involved in determining claim eligibility, and any other claimant documents.
- 13           2. The applicable health plan and related documents, including the official plan  
14 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
15 during the period from 11/07/16 to 11/11/16.
- 16           3. Any statements of policy of guidance or Claims manuals of NOKIA; the Defendants  
17 (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
18 Administrator; or any of their affiliates with respect to the member's. These documents are  
19 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);
- 20           4. Documents sufficient to show the date on which the actual contents of the policy  
21 coverage and/or the Summary Plan Description were made available to plan participants;
- 22           5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
23 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
24 Plan Administrator;
- 25           6. Documents sufficient to show the name and address of the registered agent for service  
26 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;
- 27           7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
28 claims.

1 8. Any and all recordings of phone calls between You and the healthcare provider  
2 identified in this request, or its representatives, related to the member identified in this request.  
3 This request includes the verification/eligibility of benefits call and all subsequent utilization  
4 review, pre-certification or prior authorization calls, as well any other calls (such as claim  
5 dispute, appeal or inquiry calls), related to this member and the services they received from the  
6 healthcare provider in your possession.

7  
8 **REQUEST 13.** The complete Administrative Record for the member claim with  
9 CLAIM\_ID 625043583601, consisting of all documents, records, and other information relevant  
10 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00934387561 for  
11 treatment at DESERT COVE RECOVERY CENTER LLC. This request specifically includes,  
12 but is not limited to:

13 1. A copy of the entire claim file, which includes, but is not limited to:

14 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
15 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
16 providers (including provider remittance advices), correspondence with plan member (including  
17 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
18 and communications with any third party including Multiplan regarding the pricing of the  
19 claims;

20 b. all medical records, paper and electronic, including, but not limited to, records of  
21 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
22 medications lists, prognosis, third party records, any correspondence with the claimant, third  
23 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
24 professionals involved in determining claim eligibility, and any other claimant documents.

25 2. The applicable health plan and related documents, including the official plan  
26 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
27 during the period from 10/10/16 to 10/14/16.

28

1 3. Any statements of policy of guidance or Claims manuals of TEXTRON; the  
2 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
3 Administrator; or any of their affiliates with respect to the member's. These documents are  
4 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

5 4. Documents sufficient to show the date on which the actual contents of the policy  
6 coverage and/or the Summary Plan Description were made available to plan participants;

7 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
8 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
9 Plan Administrator;

10 6. Documents sufficient to show the name and address of the registered agent for service  
11 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

12 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
13 claims.

14 8. Any and all recordings of phone calls between You and the healthcare provider  
15 identified in this request, or its representatives, related to the member identified in this request.  
16 This request includes the verification/eligibility of benefits call and all subsequent utilization  
17 review, pre-certification or prior authorization calls, as well any other calls (such as claim  
18 dispute, appeal or inquiry calls), related to this member and the services they received from the  
19 healthcare provider in your possession.

20  
21 **REQUEST 14.** The complete Administrative Record for the member claim with  
22 CLAIM\_ID CA5576055101, consisting of all documents, records, and other information  
23 relevant to the claim for treatment of the United's member with MEMBER\_ALT\_ID  
24 00935433322 for treatment at PATHWAY TO HOPE. This request specifically includes, but is  
25 not limited to:

26 1. A copy of the entire claim file, which includes, but is not limited to:  
27 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
28 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare



1 providers (including provider remittance advices), correspondence with plan member (including  
2 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
3 and communications with any third party including Multiplan regarding the pricing of the  
4 claims;

5 b. all medical records, paper and electronic, including, but not limited to, records of  
6 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
7 medications lists, prognosis, third party records, any correspondence with the claimant, third  
8 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
9 professionals involved in determining claim eligibility, and any other claimant documents.

10 2. The applicable health plan and related documents, including the official plan  
11 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
12 during the period from 04/08/20 to 04/10/20.

13 3. Any statements of policy of guidance or Claims manuals of CISCO SYSTEMS, INC.;  
14 the Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the  
15 Plan Administrator; or any of their affiliates with respect to the member's. These documents are  
16 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

17 4. Documents sufficient to show the date on which the actual contents of the policy  
18 coverage and/or the Summary Plan Description were made available to plan participants;

19 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
20 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
21 Plan Administrator;

22 6. Documents sufficient to show the name and address of the registered agent for service  
23 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

24 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
25 claims.

26  
27 **REQUEST 15.** The complete Administrative Record for the member claim with  
28 CLAIM\_ID AY9855962001, consisting of all documents, records, and other information

relevant to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00920940449 for treatment at PATHWAY TO HOPE. This request specifically includes, but is not limited to:

1. A copy of the entire claim file, which includes, but is not limited to:

a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant messages, activity logs, correspondence with medical reviewers, correspondence with healthcare providers (including provider remittance advices), correspondence with plan member (including explanations of benefits, patient advocacy letters and similar correspondence), medical reports, and communications with any third party including Multiplan regarding the pricing of the claims;

b. all medical records, paper and electronic, including, but not limited to, records of diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries, medications lists, prognosis, third party records, any correspondence with the claimant, third parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical professionals involved in determining claim eligibility, and any other claimant documents.

2. The applicable health plan and related documents, including the official plan document, the certificate of insurance, and the Summary Plan Description, which were in effect during the period from 03/06/20 to 03/06/20.

3. Any statements of policy of guidance or Claims manuals of RITE AID CORPORATION; the Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan Administrator; or any of their affiliates with respect to the member's. These documents are requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

4. Documents sufficient to show the date on which the actual contents of the policy coverage and/or the Summary Plan Description were made available to plan participants;

5. Documents sufficient to show the official name of the Employee Benefits Plan and the name and address of the Plan Administrator and the Claim Administrator if not the same as the Plan Administrator;

1           6. Documents sufficient to show the name and address of the registered agent for service  
2 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

3           7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
4 claims.

5  
6           **REQUEST 16.** The complete Administrative Record for the member claim with  
7 CLAIM\_ID 761206939101, consisting of all documents, records, and other information relevant  
8 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00975029724 for  
9 treatment at OCEAN BREEZE RECOVERY LLC LLC. This request specifically includes, but is  
10 not limited to:

11           1. A copy of the entire claim file, which includes, but is not limited to:

12           a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
13 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
14 providers (including provider remittance advices), correspondence with plan member (including  
15 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
16 and communications with any third party including Multiplan regarding the pricing of the  
17 claims;

18           b. all medical records, paper and electronic, including, but not limited to, records of  
19 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
20 medications lists, prognosis, third party records, any correspondence with the claimant, third  
21 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
22 professionals involved in determining claim eligibility, and any other claimant documents.

23           2. The applicable health plan and related documents, including the official plan  
24 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
25 during the period from 01/30/19 to 01/30/19.

26           3. Any statements of policy of guidance or Claims manuals of RAYTHEON  
27 COMPANY; the Defendants (including any parent, subsidiary, and/or agent); any peer review  
28

companies; the Plan Administrator; or any of their affiliates with respect to the member's. These documents are requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

4. Documents sufficient to show the date on which the actual contents of the policy coverage and/or the Summary Plan Description were made available to plan participants;

5. Documents sufficient to show the official name of the Employee Benefits Plan and the name and address of the Plan Administrator and the Claim Administrator if not the same as the Plan Administrator;

6. Documents sufficient to show the name and address of the registered agent for service of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

7. A copy of any specific rule, guideline, or protocol relied upon in determining the claims.

**REQUEST 17.** The complete Administrative Record for the member claim with CLAIM\_ID 661228944101, consisting of all documents, records, and other information relevant to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00932720081 for treatment at OCEAN BREEZE RECOVERY LLC LLC. This request specifically includes, but is not limited to:

1. A copy of the entire claim file, which includes, but is not limited to:

a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant messages, activity logs, correspondence with medical reviewers, correspondence with healthcare providers (including provider remittance advices), correspondence with plan member (including explanations of benefits, patient advocacy letters and similar correspondence), medical reports, and communications with any third party including Multiplan regarding the pricing of the claims;

b. all medical records, paper and electronic, including, but not limited to, records of diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries, medications lists, prognosis, third party records, any correspondence with the claimant, third

1 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
2 professionals involved in determining claim eligibility, and any other claimant documents.

3 2. The applicable health plan and related documents, including the official plan  
4 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
5 during the period from 07/05/17 to 07/06/17.

6 3. Any statements of policy of guidance or Claims manuals of NESTLE USA, INC.; the  
7 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
8 Administrator; or any of their affiliates with respect to the member's. These documents are  
9 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

10 4. Documents sufficient to show the date on which the actual contents of the policy  
11 coverage and/or the Summary Plan Description were made available to plan participants;

12 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
13 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
14 Plan Administrator;

15 6. Documents sufficient to show the name and address of the registered agent for service  
16 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

17 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
18 claims.

19  
20 **REQUEST 18.** The complete Administrative Record for the member claim with  
21 CLAIM\_ID CR4734681501, consisting of all documents, records, and other information relevant  
22 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00809490519 for  
23 treatment at PALM BEACH RECOVERY. This request specifically includes, but is not limited  
24 to:

25 1. A copy of the entire claim file, which includes, but is not limited to:  
26 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
27 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
28 providers (including provider remittance advices), correspondence with plan member (including

1 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
2 and communications with any third party including Multiplan regarding the pricing of the  
3 claims;

4 b. all medical records, paper and electronic, including, but not limited to, records of  
5 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
6 medications lists, prognosis, third party records, any correspondence with the claimant, third  
7 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
8 professionals involved in determining claim eligibility, and any other claimant documents.

9 2. The applicable health plan and related documents, including the official plan  
10 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
11 during the period from 05/31/21 to 05/31/21.

12 3. Any statements of policy of guidance or Claims manuals of NATIONAL  
13 EDUCATION ASSOCIATION {NEA}; the Defendants (including any parent, subsidiary,  
14 and/or agent); any peer review companies; the Plan Administrator; or any of their affiliates with  
15 respect to the member's. These documents are requested pursuant to 29 C.F.R. § 2560.503-  
16 1(m)(8);

17 4. Documents sufficient to show the date on which the actual contents of the policy  
18 coverage and/or the Summary Plan Description were made available to plan participants;

19 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
20 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
21 Plan Administrator;

22 6. Documents sufficient to show the name and address of the registered agent for service  
23 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

24 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
25 claims.

26 8. Any and all recordings of phone calls between You and the healthcare provider  
27 identified in this request, or its representatives, related to the member identified in this request.

28 This request includes the verification/eligibility of benefits call and all subsequent utilization

review, pre-certification or prior authorization calls, as well any other calls (such as claim dispute, appeal or inquiry calls), related to this member and the services they received from the healthcare provider in your possession.

**REQUEST 19.** The complete Administrative Record for the member claim with CLAIM\_ID CA9733607301, consisting of all documents, records, and other information relevant to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00000526414 for treatment at PACIFIC RECOVERY SOLUTIONS. This request specifically includes, but is not limited to:

1. A copy of the entire claim file, which includes, but is not limited to:

a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant messages, activity logs, correspondence with medical reviewers, correspondence with healthcare providers (including provider remittance advices), correspondence with plan member (including explanations of benefits, patient advocacy letters and similar correspondence), medical reports, and communications with any third party including Multiplan regarding the pricing of the claims;

b. all medical records, paper and electronic, including, but not limited to, records of diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries, medications lists, prognosis, third party records, any correspondence with the claimant, third parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical professionals involved in determining claim eligibility, and any other claimant documents.

2. The applicable health plan and related documents, including the official plan document, the certificate of insurance, and the Summary Plan Description, which were in effect during the period from 04/30/20 to 04/30/20.

3. Any statements of policy of guidance or Claims manuals of US BANK; the Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan Administrator; or any of their affiliates with respect to the member's. These documents are requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

1 4. Documents sufficient to show the date on which the actual contents of the policy  
2 coverage and/or the Summary Plan Description were made available to plan participants;

3 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
4 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
5 Plan Administrator;

6 6. Documents sufficient to show the name and address of the registered agent for service  
7 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

8 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
9 claims.

10 8. Any and all recordings of phone calls between You and the healthcare provider  
11 identified in this request, or its representatives, related to the member identified in this request.  
12 This request includes the verification/eligibility of benefits call and all subsequent utilization  
13 review, pre-certification or prior authorization calls, as well any other calls (such as claim  
14 dispute, appeal or inquiry calls), related to this member and the services they received from the  
15 healthcare provider in your possession.

16  
17 **REQUEST 20.** The complete Administrative Record for the member claim with  
18 CLAIM\_ID 769556074501, consisting of all documents, records, and other information relevant  
19 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00966703288 for  
20 treatment at PACIFIC RECOVERY SOLUTIONS. This request specifically includes, but is not  
21 limited to:

22 1. A copy of the entire claim file, which includes, but is not limited to:  
23 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
24 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
25 providers (including provider remittance advices), correspondence with plan member (including  
26 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
27 and communications with any third party including Multiplan regarding the pricing of the  
28 claims;



1 b. all medical records, paper and electronic, including, but not limited to, records of  
2 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
3 medications lists, prognosis, third party records, any correspondence with the claimant, third  
4 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
5 professionals involved in determining claim eligibility, and any other claimant documents.

6 2. The applicable health plan and related documents, including the official plan  
7 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
8 during the period from 02/18/19 to 02/20/19.

9 3. Any statements of policy of guidance or Claims manuals of MCMaster-CARR  
10 SUPPLY COMPANY; the Defendants (including any parent, subsidiary, and/or agent); any peer  
11 review companies; the Plan Administrator; or any of their affiliates with respect to the member's.  
12 These documents are requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

13 4. Documents sufficient to show the date on which the actual contents of the policy  
14 coverage and/or the Summary Plan Description were made available to plan participants;

15 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
16 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
17 Plan Administrator;

18 6. Documents sufficient to show the name and address of the registered agent for service  
19 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

20 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
21 claims.

22 8. Any and all recordings of phone calls between You and the healthcare provider  
23 identified in this request, or its representatives, related to the member identified in this request.  
24 This request includes the verification/eligibility of benefits call and all subsequent utilization  
25 review, pre-certification or prior authorization calls, as well any other calls (such as claim  
26 dispute, appeal or inquiry calls), related to this member and the services they received from the  
27 healthcare provider in your possession.  
28

1           **REQUEST 21.** The complete Administrative Record for the member claim with  
2 CLAIM\_ID 794566171401, consisting of all documents, records, and other information relevant  
3 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00920520108 for  
4 treatment at NEW LIFE TREATMENT CENTER. This request specifically includes, but is not  
5 limited to:

6           1. A copy of the entire claim file, which includes, but is not limited to:  
7           a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
8 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
9 providers (including provider remittance advices), correspondence with plan member (including  
10 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
11 and communications with any third party including Multiplan regarding the pricing of the  
12 claims;

13           b. all medical records, paper and electronic, including, but not limited to, records of  
14 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
15 medications lists, prognosis, third party records, any correspondence with the claimant, third  
16 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
17 professionals involved in determining claim eligibility, and any other claimant documents.

18           2. The applicable health plan and related documents, including the official plan  
19 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
20 during the period from 07/31/19 to 08/01/19.

21           3. Any statements of policy of guidance or Claims manuals of TESLA; the Defendants  
22 (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
23 Administrator; or any of their affiliates with respect to the member's. These documents are  
24 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

25           4. Documents sufficient to show the date on which the actual contents of the policy  
26 coverage and/or the Summary Plan Description were made available to plan participants;

1           5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
2 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
3 Plan Administrator;

4           6. Documents sufficient to show the name and address of the registered agent for service  
5 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

6           7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
7 claims.

8  
9           **REQUEST 22.** The complete Administrative Record for the member claim with  
10 CLAIM\_ID 737594321501, consisting of all documents, records, and other information relevant  
11 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00963715513 for  
12 treatment at NEW LIFE TREATMENT CENTER. This request specifically includes, but is not  
13 limited to:

14           1. A copy of the entire claim file, which includes, but is not limited to:

15           a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
16 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
17 providers (including provider remittance advices), correspondence with plan member (including  
18 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
19 and communications with any third party including Multiplan regarding the pricing of the  
20 claims;

21           b. all medical records, paper and electronic, including, but not limited to, records of  
22 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
23 medications lists, prognosis, third party records, any correspondence with the claimant, third  
24 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
25 professionals involved in determining claim eligibility, and any other claimant documents.

26           2. The applicable health plan and related documents, including the official plan  
27 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
28 during the period from 09/17/18 to 09/18/18.

1 3. Any statements of policy of guidance or Claims manuals of WELLS FARGO; the  
2 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
3 Administrator; or any of their affiliates with respect to the member's. These documents are  
4 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

5 4. Documents sufficient to show the date on which the actual contents of the policy  
6 coverage and/or the Summary Plan Description were made available to plan participants;

7 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
8 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
9 Plan Administrator;

10 6. Documents sufficient to show the name and address of the registered agent for service  
11 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

12 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
13 claims.

14  
15 **REQUEST 23.** The complete Administrative Record for the member claim with  
16 CLAIM\_ID 604360045001, consisting of all documents, records, and other information relevant  
17 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00926598613 for  
18 treatment at STEPPING STONE OF SAN DIEGO, INC. This request specifically includes, but  
19 is not limited to:

20 1. A copy of the entire claim file, which includes, but is not limited to:  
21 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
22 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
23 providers (including provider remittance advices), correspondence with plan member (including  
24 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
25 and communications with any third party including Multiplan regarding the pricing of the  
26 claims;

27 b. all medical records, paper and electronic, including, but not limited to, records of  
28 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,

1 medications lists, prognosis, third party records, any correspondence with the claimant, third  
2 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
3 professionals involved in determining claim eligibility, and any other claimant documents.

4 2. The applicable health plan and related documents, including the official plan  
5 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
6 during the period from 06/20/16 to 06/24/16.

7 3. Any statements of policy of guidance or Claims manuals of APPLE INC.; the  
8 Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the Plan  
9 Administrator; or any of their affiliates with respect to the member's. These documents are  
10 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

11 4. Documents sufficient to show the date on which the actual contents of the policy  
12 coverage and/or the Summary Plan Description were made available to plan participants;

13 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
14 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
15 Plan Administrator;

16 6. Documents sufficient to show the name and address of the registered agent for service  
17 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

18 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
19 claims.

20  
21 **REQUEST 24.** The complete Administrative Record for the member claim with  
22 CLAIM\_ID CL3731426201, consisting of all documents, records, and other information relevant  
23 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00928097365 for  
24 treatment at ARISE RECOVERY CENTERS OF AMERICA LLC. This request specifically  
25 includes, but is not limited to:

26 1. A copy of the entire claim file, which includes, but is not limited to:  
27 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
28 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare

1 providers (including provider remittance advices), correspondence with plan member (including  
2 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
3 and communications with any third party including Multiplan regarding the pricing of the  
4 claims;

5 b. all medical records, paper and electronic, including, but not limited to, records of  
6 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
7 medications lists, prognosis, third party records, any correspondence with the claimant, third  
8 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
9 professionals involved in determining claim eligibility, and any other claimant documents.

10 2. The applicable health plan and related documents, including the official plan  
11 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
12 during the period from 02/18/21 to 02/18/21.

13 3. Any statements of policy of guidance or Claims manuals of GEICO CORPORATION;  
14 the Defendants (including any parent, subsidiary, and/or agent); any peer review companies; the  
15 Plan Administrator; or any of their affiliates with respect to the member's. These documents are  
16 requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

17 4. Documents sufficient to show the date on which the actual contents of the policy  
18 coverage and/or the Summary Plan Description were made available to plan participants;

19 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
20 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
21 Plan Administrator;

22 6. Documents sufficient to show the name and address of the registered agent for service  
23 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

24 7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
25 claims.

26  
27 **REQUEST 25.** The complete Administrative Record for the member claim with  
28 CLAIM\_ID 702867372201, consisting of all documents, records, and other information relevant

1 to the claim for treatment of the United's member with MEMBER\_ALT\_ID 00903502669 for  
2 treatment at ARISE RECOVERY CENTERS OF AMERICA LLC. This request specifically  
3 includes, but is not limited to:

4 1. A copy of the entire claim file, which includes, but is not limited to:

5 a. all reports and notes regarding the claims, electronic mail messages (e-mails), instant  
6 messages, activity logs, correspondence with medical reviewers, correspondence with healthcare  
7 providers (including provider remittance advices), correspondence with plan member (including  
8 explanations of benefits, patient advocacy letters and similar correspondence), medical reports,  
9 and communications with any third party including Multiplan regarding the pricing of the  
10 claims;

11 b. all medical records, paper and electronic, including, but not limited to, records of  
12 diagnostic tests and lab reports, doctors' notes, nurses' notes, office notes, discharge summaries,  
13 medications lists, prognosis, third party records, any correspondence with the claimant, third  
14 parties, claim policies, claim handling manual and/or guidelines, CVs of doctors or medical  
15 professionals involved in determining claim eligibility, and any other claimant documents.

16 2. The applicable health plan and related documents, including the official plan  
17 document, the certificate of insurance, and the Summary Plan Description, which were in effect  
18 during the period from 03/01/18 to 03/01/18.

19 3. Any statements of policy of guidance or Claims manuals of FIDELITY  
20 INVESTMENTS; the Defendants (including any parent, subsidiary, and/or agent); any peer  
21 review companies; the Plan Administrator; or any of their affiliates with respect to the member's.  
22 These documents are requested pursuant to 29 C.F.R. § 2560.503-1(m)(8);

23 4. Documents sufficient to show the date on which the actual contents of the policy  
24 coverage and/or the Summary Plan Description were made available to plan participants;

25 5. Documents sufficient to show the official name of the Employee Benefits Plan and the  
26 name and address of the Plan Administrator and the Claim Administrator if not the same as the  
27 Plan Administrator;

1           6. Documents sufficient to show the name and address of the registered agent for service  
2 of process for the Employee Benefits Plan, the Plan Administrator, and the Claim Administrator;

3           7. A copy of any specific rule, guideline, or protocol relied upon in determining the  
4 claims.

5  
6           DATED: May 4, 2022

7                           ARNALL GOLDEN GREGORY, LLP

8  
9                           By: /s/ Matthew M. Lavin  
10                          Matthew M. Lavin, Esq. (*pro hac vice*)  
11                          Aaron R. Modiano, Esq. (*pro hac vice*)

12                          DL LAW GROUP

13                          By: /s/ David M. Lilienstein  
14                          David M. Lilienstein, Esq.  
15                          Katie J. Spielman, Esq.

16                          *Attorneys for Plaintiffs and the Putative Class*  
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